

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 10  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>CAMPAIGN FUNDING DIRECT</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		
Mailing Address 1420 SPRING HILL ROAD, SUITE 490 SUITE 490			Amount <span style="border: 1px solid black; padding: 2px;">295.00</span>		
City MCLEAN		State VA	Zip Code 22102-3028		Transaction ID : SE24.91670
Purpose of Expenditure AGENCY FEES - CONSULTING		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
<span style="border: 1px solid black; padding: 2px;">4958058.42</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>CHOCKLETT PRESS</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		
Mailing Address 2922 NICHOLAS AVE			Amount <span style="border: 1px solid black; padding: 2px;">20956.65</span>		
City ROANOKE		State VA	Zip Code 24012		Transaction ID : SE24.91671
Purpose of Expenditure PRINTING		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
<span style="border: 1px solid black; padding: 2px;">4979015.07</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">21251.65</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Robert Frank</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB  
.

Form/Schedule: SE  
Transaction ID : SE24.91670

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$5.78 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE  
Transaction ID: SE24.91671

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$410.91 has been allocated equally to each of the remaining schedule primary elections.

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 10  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>CP DIRECT</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 26 / 2016</b>	
Mailing Address <b>4600A BONSTON WAY</b>		Amount <b>12492.50</b>	
City <b>LANHAM</b>	State <b>MD</b>	Zip Code <b>20706-4858</b>	Transaction ID : <b>SE24.91672</b>
Purpose of Expenditure <b>PRINTING</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>01 / 26 / 2016</b>	
Name of Federal Candidate <b>DR. BEN CARSON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>4991507.57</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>ECG DATA CENTER</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 26 / 2016</b>	
Mailing Address <b>1420 SPRING HILL ROAD SUITE 490</b> <b>SUITE 490</b>		Amount <b>5911.71</b>	
City <b>MCLEAN</b>	State <b>VA</b>	Zip Code <b>22102-3028</b>	Transaction ID : <b>SE24.91673</b>
Purpose of Expenditure <b>POSTAGE</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>01 / 26 / 2016</b>	
Name of Federal Candidate <b>DR. BEN CARSON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>4997419.28</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>18404.21</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY  
**04 / 01 / 2016**

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB  
.

Form/Schedule: SE  
Transaction ID : SE24.91672

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$244.95 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE  
Transaction ID: SE24.91673

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$115.92 has been allocated equally to each of the remaining schedule primary elections.

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 5 OF 10  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>ECG DATA CENTER</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 26 / 2016</b>		
Mailing Address <b>1420 SPRING HILL ROAD SUITE 490</b> <b>SUITE 490</b>			Amount <b>1088.88</b>		
City <b>MCLEAN</b>	State <b>VA</b>	Zip Code <b>22102-3028</b>	Transaction ID : <b>SE24.91674</b>		
Purpose of Expenditure <b>DIRECT MAIL - LIST MAINTENANCE</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>01 / 26 / 2016</b>		
Name of Federal Candidate <b>DR. BEN CARSON</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <b>4998508.16</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>INTERNATIONAL DATA MANAGEMENT, INC.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 26 / 2016</b>		
Mailing Address <b>490 WHITE POND DRIVE</b>			Amount <b>1851.22</b>		
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44320-1122</b>	Transaction ID : <b>SE24.91675</b>		
Purpose of Expenditure <b>POSTAGE</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>01 / 26 / 2016</b>		
Name of Federal Candidate <b>DR. BEN CARSON</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <b>5000359.38</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>2940.10</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY  
**04 / 01 / 2016**

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB  
.

Form/Schedule: SE  
Transaction ID : SE24.91674

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$21.35 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE  
Transaction ID: SE24.91675

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$36.30 has been allocated equally to each of the remaining schedule primary elections.

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 7 OF 10

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>OMEGA LIST COMPANY</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 26 / 2016</b>		
Mailing Address <b>1420 SPRING HILL ROAD</b> <b>SUITE 490</b>			Amount <b>10483.55</b>		
City <b>MCLEAN</b>	State <b>VA</b>	Zip Code <b>22102-3028</b>	Transaction ID : <b>SE24.91676</b>		
Purpose of Expenditure <b>LIST RENTAL EXPENSES</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>01 / 26 / 2016</b>		
Name of Federal Candidate <b>DR. BEN CARSON</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <b>5010842.93</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>RST MARKETING</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 26 / 2016</b>		
Mailing Address <b>1272 CORPORATE PARK ROAD</b>			Amount <b>3800.00</b>		
City <b>FOREST</b>	State <b>VA</b>	Zip Code <b>24551-2277</b>	Transaction ID : <b>SE24.91677</b>		
Purpose of Expenditure <b>DIRECT MAIL - POSTAGE</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>01 / 26 / 2016</b>		
Name of Federal Candidate <b>DR. BEN CARSON</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <b>5014642.93</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>14283.55</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY  
**04 / 01 / 2016**

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB  
.

Form/Schedule: SE

Transaction ID : SE24.91676

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$205.56 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.91677

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$74.51 has been allocated equally to each of the remaining schedule primary elections.



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 9 OF 10  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>SISK FULFILLMENT SERVICES</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 26 / 2016</b>	
Mailing Address 1900 INDUSTRIAL PARK DR.		Amount <b>17974.52</b>	
City <b>FEDERALSBURG</b>	State <b>MD</b>	Zip Code <b>21632-2667</b>	Transaction ID : <b>SE24.91678</b>
Purpose of Expenditure <b>POSTAGE</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>01 / 26 / 2016</b>	
Name of Federal Candidate <b>DR. BEN CARSON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>5032617.45</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>17974.52</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY  
**04 / 01 / 2016**

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SE  
Transaction ID : SE24.91678

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$352.44 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule:  
Transaction ID: